

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER		20	6/15
FORMALITY REVIEW	48	TC-916	07-17-01
RESPONSE FORMALITY REVIEW	RS	TC966	10/10/01

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## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Final Original	Date	Claim	Final Original	Date	Claim	Final Original	Date
1	115	3-20-01	51			101		
2	115	3-20-01	52			102		
3	115	3-20-01	53			103		
4	115	3-20-01	54			104		
5	115	3-20-01	55			105		
6	115	3-20-01	56			106		
7	115	3-20-01	57			107		
8	115	3-20-01	58			108		
9	115	3-20-01	59			109		
10	115	3-20-01	60			110		
11	115	3-20-01	61			111		
12	115	3-20-01	62			112		
13	115	3-20-01	63			113		
14	115	3-20-01	64			114		
15	115	3-20-01	65			115		
16	115	3-20-01	66			116		
17	115	3-20-01	67			117		
18	115	3-20-01	68			118		
19	115	3-20-01	69			119		
20	115	3-20-01	70			120		
21	115	3-20-01	71			121		
22	115	3-20-01	72			122		
23	115	3-20-01	73			123		
24	115	3-20-01	74			124		
25	115	3-20-01	75			125		
26	115	3-20-01	76			126		
27	115	3-20-01	77			127		
28	115	3-20-01	78			128		
29	115	3-20-01	79			129		
30	115	3-20-01	80			130		
31	115	3-20-01	81			131		
32	115	3-20-01	82			132		
33	115	3-20-01	83			133		
34	115	3-20-01	84			134		
35	115	3-20-01	85			135		
36	115	3-20-01	86			136		
37	115	3-20-01	87			137		
38	115	3-20-01	88			138		
39	115	3-20-01	89			139		
40	115	3-20-01	90			140		
41	115	3-20-01	91			141		
42	115	3-20-01	92			142		
43	115	3-20-01	93			143		
44	115	3-20-01	94			144		
45	115	3-20-01	95			145		
46	115	3-20-01	96			146		
47	115	3-20-01	97			147		
48	115	3-20-01	98			148		
49	115	3-20-01	99			149		
50	115	3-20-01	100			150		

If more than 150 claims or 10 actions  
staple additional sheet here

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284  
4/28